1	MARYLAND STATE DEPARTMENT OF HEALTH	
200	05982 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	05977
	Deceased-Name (Type or print) Dollie Middle Barkley Lost 20. DATE OF DEATH Month 1809	2b. HOUR 12;05
	Female Negro DEC.6, 1889 los hindoy) YRS.	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
co	o. BIRTHPLACE (State or foreign ountry) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH SOMEVSET	Md.
7	Crisfield 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during may at working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
9 00	3a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY SOMETSET Crisfield YES NOTE LAWSONIA	
14	4. FATHER'S NAME First Middle BARKEY Charlotte Modele	Lost
16	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wor or doles of service)	
	B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) One of the control of the contr	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave tise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Cerebral Carbon and Cerebral Carbon and Consequence of Cerebral Carbon and	>
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)	
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M. Month Day Year P.M. 19	n IB.)
MF	21d. INJURY OCCURRED While Not while 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn of work 1 at w	County Stote
	22a. I certify that (1) (this haspital) attended the deceased fram 15 , 1969, to 416, 1969 as when deceased alive at 1760 and that in (my) (aur) apinian death accurred an the date causes stated abave, (1) (we) (aid) (did not) view the bady after death.	, that (I) (we) last and haur and fram the
		E SIGNED
1	22d. PHYSICIAN'S S. M. Peyton, M.D. 22e. ADDRESS Crisfield, Md.	1121
23	REMOVAL (Specify)	County) (State) INE MC.
4) 24	4. FUNEBRYDIRECTOR 250. AFE'R BY REGISTRAR S 69 256. AFGISTRAR'S 80	NATURENCE

CREED RESERVED IN SECURIOR The second 36126136 to the said the said the said - Lement Cristiald - Lawrence Comment to the first of the second of the se Elina col Backley the safety of the same of the same of the same of About the second second 1971年,中央中央1971年,1971年,1971年 and the tracked PHAGESS HAVE Suggest a specific than the supplemental states of the supplemental states

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500	MEDICAL EXAMINED'S CEPTIFICATE OF DEATH	0 = 0
	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	05979
1.	(Type or Print) The second of	Doy Yeor 2b. HOUR
	Anna Frances Dashiell Death MATED 2 4 2	8 169 la M
	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month 4 DOY 28	Yeor 19 69 M
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
COL	Waryland U.S. WIDOWED DIVORCED Somerset	Mo
1		2b. KIND OF BUSINESS OR NDUSTRY
19 13	o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Somerset Princess Annie No RFD.	
-	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
	Rudolph Powell Stella Ta	ylor
	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	(Yes, no, or unknown) (If yes give war or dates of service) Mrs. Henry Bailey; Princess A	inne, Md.
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I DEATH WAS CAUSED BY	2-3 hours
	2500 IMMEDIATE CAUSE (o) Diametic coma Due TO, OR AS A CONSEQUENCE OF	2-3 11041 3
	Conditions, if ony, which gove)	years
	rise to immediate couse (o), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	(over 10)
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
CERTIFICATION		
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
-< F	WAS PERFORMED?	YES NO NO
	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	n 1B.)
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
		ALEGE WILLIAM
100	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SI	GNĖD
2	DEDITIVE MEDICAL EVANIER TO	
2	EXAMINER'S NAME (Type) Everett SutterMD ADDRESS(Street, city, town, or county) Somers	et
	o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (1	County) (Stote)
11	REMOVAL (Specify) 4/30/69 Oriole Oriole; Somers	
24	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
J/ // 1	mes Wenness Princess Anne, Md MAY 5 1969 / Clianta	Quelas :
y) VV	Princess Anne Moliman	

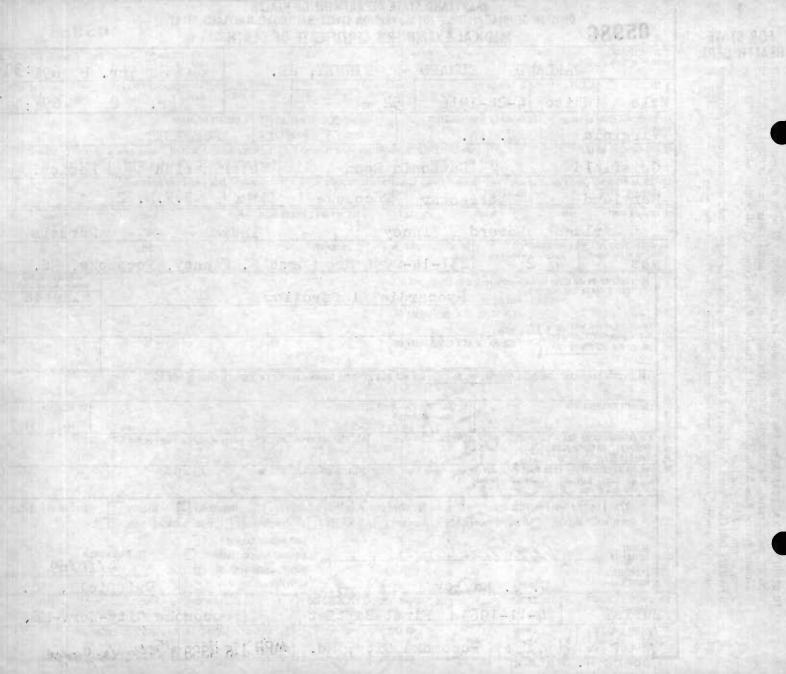
MAKTLAND STATE DEPARTMENT OF HEALTH

2.			IND STATE DEPARTMENT OF		
	05985	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		05980
death.	1. DECEASED-NAME (Type or print)	First Middle Edward Ross	Evans	20. DATE OF DEATH	69° 6;50 M
a de la companya de l	3. SEX Male	4. RACE White	S. DATE OF BIRTH	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
hours n by th s. Pars haurs	7o. BIRTHPLACE (Stote or foreign			9. COUNTY OF DEATH	
24 hour d in b pers.	country) Maryland	USA	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	Somer:	set Md.
be executed within 24 hours of and campletely filled in by e remove carban papers. Pe	O. CITY OR TOWN OF DEATH Crisfield	give Med dies ad	y Memo. Hosp. during	UAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY ICE Mfg.
scuted v camplete ove cart, event,	13o. USUAL RESIDENCE (Where dodmission) STATE Maryle	eceosed lived, if institution: Residence before	re 13c. CITY OR TOWN 13d. INSIDE CITY		
exe emo	14. FATHER'S NAME First	Middle Loss			Lost
n al	Walla			Mary -	Lewis
ertificate be execut physician and cam hen please remove maval, and in any ev	160. WAS DECEASED EVER IN U.S No. or unknown) (If yet	ARMED FORCES? 16b. SOCIAL SECURI Solve war or dates of service) 214-03-5		ans, Same as .13	abcde APPROXIMATE INTERVAL
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death (ertificate be exec Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co directar, page 3 shauld be detached for use as the burial-transit permit. Then please remoshould be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any	Conditions, if any, which grise to immediate couse stating the underlying colost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE (b) (b)	ardial infare		BETWEEN ONSET AND DEATH 4-5 lws.
The law attendi has be se as the priar	190. DATE OF OPERATION 210. ACCIDENT WAS UNDE	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AUTOPSY? YES NO [20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	DNSIDERED IN CERTIFYING
ICIAN: bital or rificate d far us of Healt	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE Of Cliff either, notify medicol ended to the contribution of the contributi	F DEATH HOUR A.M. Month Doy Ye	21c. HOW INJURY OCCURRED (En	er noture of injury in Part 1 or Port 2, I	tem 18.)
PHYSI he hasp this cer letached b Dept.	While Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. N		County State
TTENDING ained by to TOR: After nauld be and the State	causes stated at	this haspital) attended the dece dalive and 1669 pave, (1) (we) (did) (did nat) view th	used fram		
LOR A be ret DIRECT Street Str	22b. SIGNATURE	Rawley		MED. STAFF DIRECTOR PHYS. D	DATE SIGNED
SPITA 4 may NERAL :tar, po	NAME (Type) C	. G. Rawley, M.D		ield, Maryland	
Page TO FU direc	Burial (Specify)	April 9, 1969 Cris	of CEMETERY OR CREMATORY field Cemetery		(County) (Stote) 21817, Som. Md
VR A15	24. FUNERAL DIRECTOR	ADDRI		BY REGISTRAR 25b. REGISTRAR'S VICTORIAL	SIGNATURE .
45M - 1/49	pradsnaw & So	ns, Crisfield, Md.	CIOI/ MATER	1 5 1969 Villande	W. W.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05981 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Manth (Type or Print) ESTI-Poge GARLAND FINNEY. EDWARD 16911:30 DEATH MATED Apr. partment o 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. P Male White 4-24-1916 10 694 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH olong with form 1 and 2 with the State De "Virginia U.S.A. WIDOWED [DIVORCED | SOMERSET IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR give street oddress)
Lawsonia Road during most of working life, even if retired.) Medical Crisfield 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY Cester Pocomoke YES NO EX R.F.D. 24 hours icote, writing the word "pending" in pencil in literal be forwarded to the Chief Medical Exominer's Office ofter 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Garland Edward Finney India pages Parsels hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within ADDRESS (Yes, no, or unknown) 231-14-0096 Mrs Marah S. Finney, Pocomoke, Md yes File within IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH AN CAUSED BY:

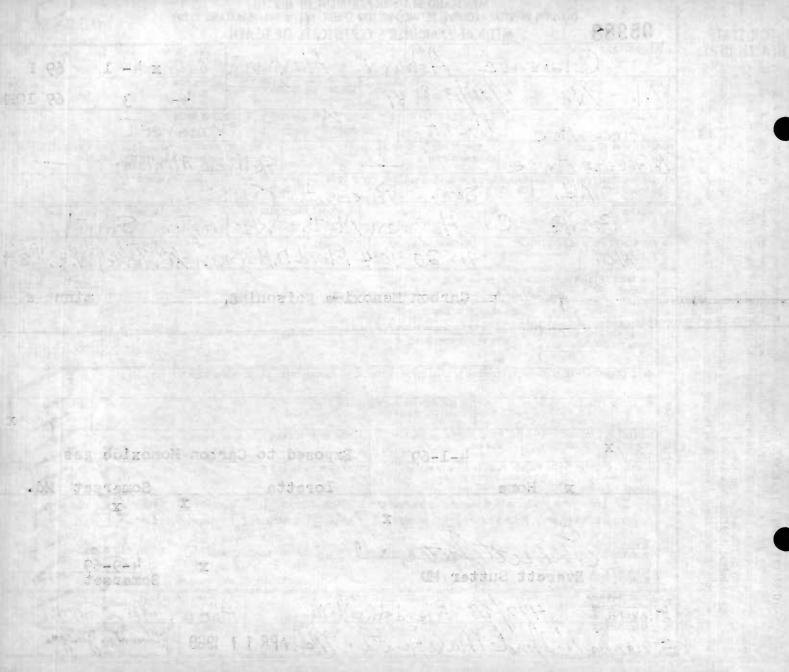
IMMEDIATE CAUSE (a) Myocardial infarction minutes DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditions, if any, which gave rise to immediate cause (o). ony certificate should DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal, CERTIFICATION nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This pe YES 🗔 NO T 0 should 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 4 should PRIMARY OR CONTRIBUTING HOUR A.M cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK burial, 22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection X Inquiry , and in my apinian death resulted fram: Natural causes X. Accident Suicide Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funerol SIGNATURE ASSISTANT MEDICAL EXAMINER 4/10/69 DEPUTY MEDICAL EXAMINER X 5 may ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Rawlev Crisfield. Md 23a. BURIAL, CREMATION, BEMOVAL (Specify) 23c. NAME OF CEMETERY OF CONTACTORY 23d. LOCATION (City or Town) (County) 4-11-1969 First Baptist Pocomoke City-Wor.-Md. 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Pocomoke City, Md. DAAPR Thanks Judge 1969 10M REV. 1/68 Robert H.



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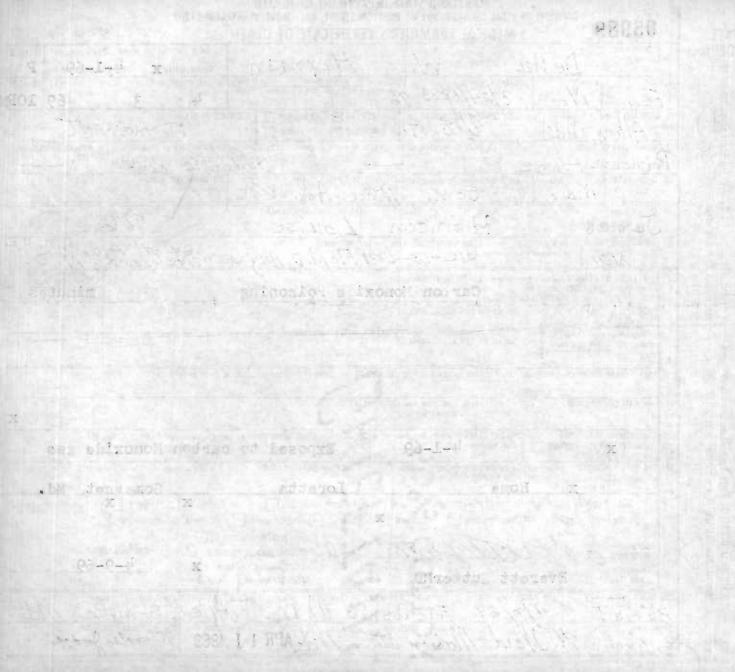
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05983 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTIarence Page the Stare Department of 2d. HOUR PM3. 19 69 10RM 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED in Item 18. Give Pages 1 WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CHTY OR TOWN OF DEATH give street oddress) FINCESS 4 should be forworded to the Chief Medicol Examiner's Office olong 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY OWO within 24 bours. poges lond 2 14. FATHER'S NAME pencili File any event within 72 This certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit permit. PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) Carbon Monoxide poisoning minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES NO TE pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING cremotion, Exposed to Carbon Monoxide gas CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK Somerset Loretta Md . 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection ... Inquiry , and in my apinian death resulted from: Natural causes . Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER necessary, DEPUTY MEDICAL EXAMINER 5 may ro FUNE Heolth ADDRESS(Street, city, town, or county) the BURIAL, EREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 2So. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH



TOP CTUTE	05989 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5984
FOR STATE	MEDICAL EXAMINATION CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) Della W. Hayman 20. DATE KNOWN Month Day OF ESTI-DEATH MATED 4-1.	
3 to	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 74 HRS 2c, DATE PRONOUNCED DEAD	-699 P M
ny deloy is 2, and 3 to PM3. Page	Fe, N. 3/24/1883 Started Park Day MONTHS DAYS HOURS MIN. Magth Day	Year 1969 10R
/ 2278	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? A 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH SOME SOME S	et m
hours ofter death. Jem 18. Give Pages 1, Office glong with form ond 2 with the State De	10_CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12g, USUAL OCCUPATION (Kind of work done 12b.	KIND OF BUSINESS OR
er d	Princess Anne give street address) during most of working life, even in retired. INDU	-
2 vith deoth	odmission) STATE MId, 13b. COUNTY Som. Rincess Ann. YES DNO [
	14. FATHER'S NAME First Middle Last Is. MOTHER'S MAIDEN NAME First Middle Ret	Last
nould be executed within 24 word "pending" in pencil in 1 the Chief Medical Examiner's rial-tronsit permit. File pages 1 any event within 72 hours on any event within 72 hours	166, WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT	Apt.8A
with with the Exam Exam File	No. 10-6131 110ya V. May man - Newank,	APPROXIMATE INTERVAL
tecuted with	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Car bon Monoxide Poisoning	minutes
be execute "pending" iief Medicol onsit permit	8 74 X DUE TO, OR AS A CONSEQUENCE OF	
be l'pu	Canditions, if any, which gave is to immediate cause (a), (b)	
te should be executed the word "pending" is I to the Chief Medicol o burial-tronsit permit.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
s certificate she, writing the forworded to used as a bu emovol, and ir	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ifica ting rrdec as as		
is certificate, writing forword a located a removal.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18	20. AUTOPSY?
This licote, be for d be or ref	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18	YES NO
11 2 2	PRIMARY Der Contributing Hour A.M. 4-1-69 Exposed to carbon Monoxide (Ause of Dath) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 210. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 211. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 212. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 212. Extended Coose was 1210. Timer of Injury in Port 1 of Part 2, them to be presented to carbon Monoxide (CAUSE OF DATH) 212. Extended Coose was 1210. Timer of Part 2, them to carbon Monoxide (CAUSE OF DATH) 212. Extended	gas
ICAL EXAMINER: e execute the certifict. Page 4 should end for your files. ECTOR: Page 3 shou burial, cremotian,		unty State
EXAM ute th uge 4 your Poge , crem	at work Lat work by Home Loretta Somerse	
ICAL EXAMIN e execute the for. Poge 4 st ed for your fi CTOR: Poge 3 burial, cremo		and in my apinian
please e) director. retained DIRECTO or to buy	death resulted tom: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
JIY DICA	ACTUAL SIGNATURE SIGNATURE 226. DATE SIGNI	ED
	EXAMINER'S DEPUTY MEDICAL EXAMINER T	69 .
O DEPL necessor the fun 5 moy 0 FUNE Health	NAME (Type). Everett SutterMD ADDRESS(Street, city, town, or county)	
TO TO	230. BURIAL, EREMATION, PRINCE 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City or Town) (Court Burial) 4/7/69 Fiendship U.M. Allen Som. Co	
VR A15ME (S)	24 HUNERAL DIRECTOR He Ward - Marion Sta . MH- ORP R 1 1 1969 2 Cleans &	TURE
10M REV. 1/68	C read of the contract of the	**

MAKYLAND STATE DEPARTMENT OF HEALTH



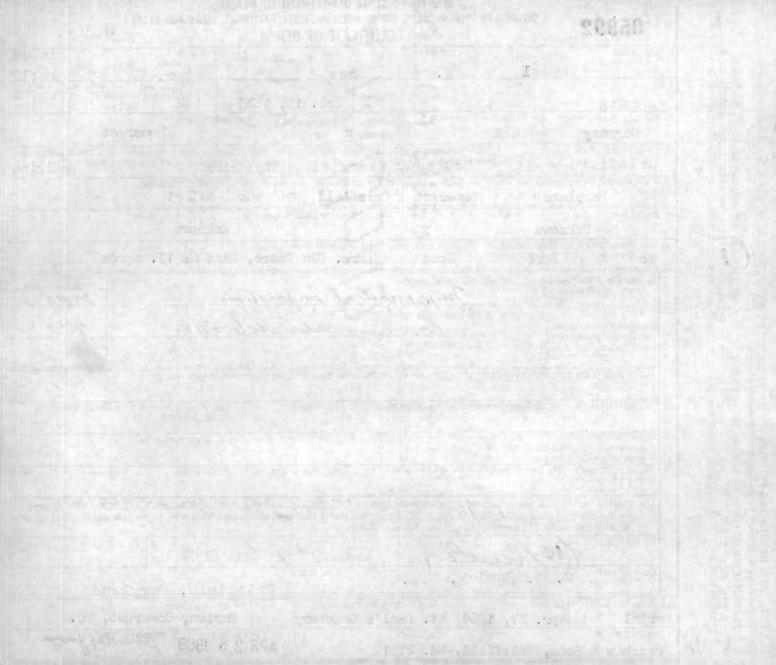
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11		05990	DIVISION O	F VITAL RECORDS	301 W. PRESTON STRE	EET, BALTIMORE, I	MARYLAND 21201		
		03330			CERTIFICATE OF D			0598	3
h. 2	1. D	ECEASED-NAME First		Middle	Lost	2o. DAT	E OF DEATH	- 0	2b. HOUR
eat and eat	(Type or print)	lton	G.	Hurley		Apr. 29 Doy	6 9 or	
r deat uneral 1 and er deat	3. 5		4. RACE	u.	S. DATE OF BIRT		6. AGE (In years	IF UNDER I YEAR	12;50
24 haurs after death. gd in by the funeral pers. Pages 1 and 2	3. 3	Male		hite	APRIL		last bythday)	MONTHS DAYS	HOURS MIN
urs urs	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF N				YRS.	•	
24 haurs d in by ppers. p	COU		11 4	D COUNTRY!	8. MARRIED NEVER MARRI				
filled pape	10	CITY OR TOWN OF DEATH	4 -3	NAME OF HOSPITAL OR IN	WIDOWED DIVORCE STITUTION (If not in hospital		MERSEI	Losi	Md.
		Crisfield	gıv	· Medre ady	Host.		TON (Kind of work done cing life, even if retired.)	12b. KIND OF INDUSTR	
ed of carl	130.	USUAL RESIDENCE (Where deceos	ed lived, if instit	ution: Residence before		Id. INSIDE CIT LUMITS? 136	STREET AND NUMBER	1	
completely may ave carbant, with	ouin	Y AR /LAND	13b. COUNTY	MERSE/	CRISTIELD	YES NO	OLUMBIA.	AV	E-
and on remin any	14.	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIL	DEN NAME First	Middle	,	Lost
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e death certificate be attending physician c permit. Then please an, ar removal, and in	160	WAS DECEASED EVER IN U.S. ARM es, na, or unknown) (If yes give w	ED FORCES? ar or dates of service)	16b. SOCIAL SECURITY	NO. 17. INFORMANT	41	COLANGE B	VA AV	1E-
rtific ohys		es, ild, of dikilowil)	or dures or service;	UNKNOW	d MRS. EM	MA HURL	EY-CRISE	elb -	MD
cer The The		18. CAUSE OF DEATH (Enter onl	y one couse per	line for (g), (b), ond (c)) 010	1. 1-		APPROXIN	ATE INTERVAL (SET AND DEATH
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quires that the physician. signed by the burial-transit burial, cremat	9	lost.	(c) /	nomutro	how; Esophos	ceal diver	tialune		
quir phys igne ouric		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH BUT N	ON RELATED TO THE TERMINAL I	DISEASE OR CONDITION (GIVEN IN PART I(o)		
	N.	of troi	robbe	Adren	Failure				
fav endi s be as t riar	ATIO	190. DATE OF OPERATION 19b. (ONDITION FOR W	HICH OPERATION WAS PE	RFORMED 200. AUTOPS		b. IF YES, WERE FINDINGS CO	NSIDERED IN CE	RTIFYING
The att has see of the p	CERTIFICATION				YES 🗌	NO DA	USES OF DEATH?		
N: or or ate		210. ACCIDENT WAS UNDERLYIN	3 21b. TIME		21c. HOW INJURY OCCUI	RRED (Enter noture of	injury in Part 1 or Port 2, It	rem 18.)	
d felicity of H	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH	er) HOUR A.M	. Month Doy Yeor					
has has cell	ME			AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCATION Street	or R.F.D. No.	City or Town	County	Stote
this this detector		at work of work				10	.1 10		
IN by 1 ffer 5e o		22a. I certify that (1) thi saw the deceased al	s haspital) at	tended the deceas	ed fram 4-19	, 196 /, ta_	4-27,191	59 , that	(I))(we) last
Page 4 may be retained by the haspital or attending physician. To Hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample director, page 3 shauld be detached for use as the burial-transit permit. Then please remove can should be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event that the state Dept.		saw the deceased al	(I) Twe) (did) (did nat) view the	9, and that in (my)	(our) opinion dea	th occurred an the dat	e and hour d	nd fram the
ATT ATT		22b. SIGNATURE	2	1110		1.0	22c D	ATE SIGNED	
OR OR See 3		Hans A	1. 1	tecting	M-DEGREE PHYS.	MED. DIRECTOR [STAFF D	1-30	-69
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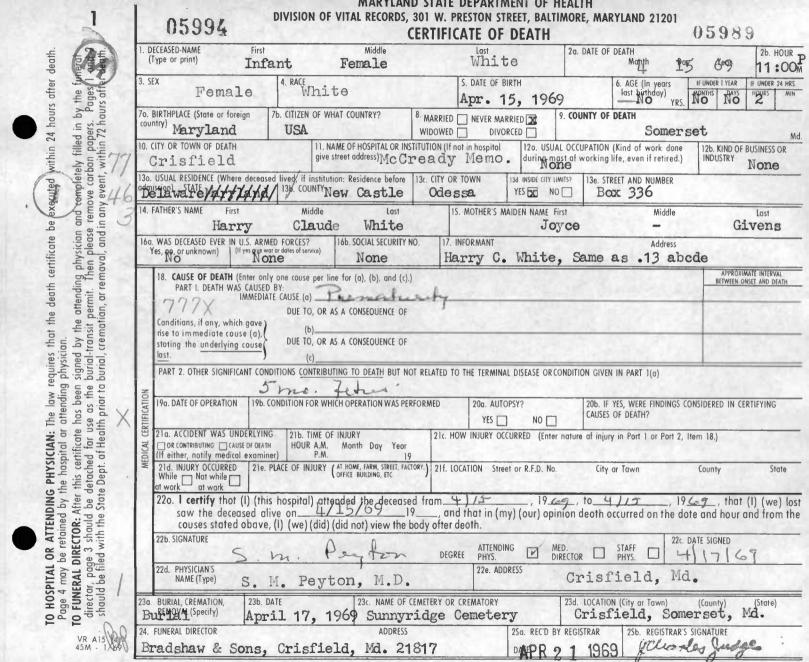
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S PHYS the hos this ce detoche	ME	21d. INJURY OCCURRED While Nat while at wark 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		R.F.D. Na. City ar Tawn	Caunty State
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L OR AI y be reto DIRECT oge 3 sh		22b. SIGNATURE	Kowfma	DEGREE PHIS.	MED. STAFF DIRECTOR PHYS. 14	ate signed /
SPITA 4 movineral NERAL Stor, pould be	-	NAME (Type)	C. Kaufman, M.	•	Crisfield, Md.	•
TO HC Page TO FU direc		BURIAL CREMATION, 23b. REMOVAL (Specify)	130/69 SA	EMETERY OR CREMATORY	23d. LOCATION (City or Town) 1EY MANOKIA	(County) (State)
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	MARTLAND STATE DEPARTMENT OF HEALTH	
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III M De	22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. 22c. DATE	SIGNED
d be fil	22d. PHYSICIAN'S NAME (Type) C. G. Rawley, M.D. 22e. ADDRESS Crisfield, Marylan	nd
rect	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (Stote)
^	Burnal (Specify) Apr. 27, 1969 St. Paul's Cemetery Marion, Somerset	
10	24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons, Crisfield, Md. 21817 DATE APR 2 8 1969	MURRUMAN
XX	Bradshaw & Sons, Crisfield, Md. 21817	0



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